



# APPLICATION FOR RENEWAL FOR ACTIVELY DEPLOYED NURSES

**Alabama Board of Nursing**  
P. O. Box 303900  
Montgomery, AL 36130-3900  
Phone: (334) 242-4060  
TOLL FREE: (800) 656-5318

**To determine eligibility or additional  
information, refer to our website at:  
[www.abn.alabama.gov](http://www.abn.alabama.gov)**

SOCIAL SECURITY NUMBER: \_\_\_\_\_

RN/LPN LICENSE NUMBER: \_\_\_\_\_

Check the appropriate box of the license type(s) to be renewed:

- ☐ LPN - Enclose **\$75** fee.  
☐ RN – Enclose **\$75** fee.  
☐ Advanced Practice – Enclose **additional \$50** for each specialty:  
☐ CRNA  
☐ CNS  
☐ CNM  
☐ CRNP

**FEES ARE NOT REFUNDABLE.**

- ☐ Check here if the name on your existing license card is incorrect.  
**Attach divorce decree, marriage license, or court decree  
authorizing the name change.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **Alabama Board of Nursing Administrative Code 610-X-10-.04 Special Renewal Provisions for Actively Deployed Registered Nurses and Licensed Practical Nurses**

- (1) If a registered nurse or licensed practical nurse's license lapses while serving in the military whenever the United States is engaged in active military operations against any foreign power, the license may be reinstated or renewed without penalty or payment of the reinstatement or late renewal fee(s) under the following conditions:
  - a. The license was active at the time of deployment.
  - b. The application for reinstatement or renewal is made while still in the armed services or no later than six months after discharge from active service or return to inactive military status.
  - c. A copy of the military activation orders or other proof of active military service accompanies the application.
  - d. The renewal fee is paid.
  - e. If the required continuing education contact hours were not earned for renewal during the earning period, the registered nurse or licensed practical nurse shall be required to complete the required continuing education hours needed for renewal no later than six months after discharge from active service or return to inactive military status.
- (2) The continuing education contact hours used for renewal may not be used for the next license renewal.
- (3) The continuing education contact hours for the next license renewal may not be prorated.

**TO AVOID YOUR APPLICATION BEING RETURNED, YOU MUST: ANSWER ALL QUESTIONS, LIST CE COURSES YOU HAVE EARNED, PROVIDE ALL REQUESTED INFORMATION, SIGN THE APPLICATION, AND ENCLOSE CORRECT FEES.**

1.a.	Was this license active at the time of deployment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
1.b.	If "Yes", what was your date of deployment? _____	
2.a.	Are you still in active military service?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.b.	If "Yes", what is your anticipated date of deactivation or return to inactive military status? _____	
3.a.	Have you been discharged from active military service or returned to inactive military service?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.b.	If "Yes", what was your date of deactivation? _____	

**ENCLOSE A COPY OF THE MILITARY ACTIVATION ORDERS OR OTHER PROOF OF ACTIVE MILITARY SERVICE.**

4.	On the back of this form, did you list the CE courses completed since your last renewal?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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**If the answer to any of the following questions is "YES", attach a detailed explanation and all certified records (court, treatment, military, or other boards of nursing records) or indicate if and when disclosure was previously made to this Board.**

5.	Do you currently have any felony or misdemeanor charges pending against you in any state, territory, or country for any of the following: drug and/or alcohol offenses, sexual assault/misconduct, negligence, abuse, theft/fraud, or violence against another person?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.	Since your last renewal, have you pled guilty, entered a plea of nolo contendere, been convicted of or received deferred prosecution, or had judgement withheld for a misdemeanor or felony in any state, territory, or country?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7.	Since your last renewal, has your license, registration or certification in any state, territory, or country been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation? Is there any action currently pending?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	Since your last renewal, have you been administratively discharged from the military for alcohol or drug treatment failure or have you ever been court martialled for any reason?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9.	Since your last renewal, have you abused alcohol/drugs or received treatment or been recommended for treatment for dependency to alcohol, drugs, or illegal chemical substances?	YES <input type="checkbox"/> NO <input type="checkbox"/>

### **AFFIDAVIT OF AFFIRMATION OF ELIGIBILITY FOR LICENSE RENEWAL**

I affirm that the information recorded on this application concerning any item contained herein is true and correct, and understand that I may be required to submit documentation to support my affirmation. I further understand that any false statement is in violation of the Code of Alabama and the Board of Nursing Administrative Code and constitutes cause for disciplinary action.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**List the CE courses you completed since your last renewal here.**

[illegible]